

## REQUEST FOR SEASONAL DETERMINATION

Mail your completed request to the above address or fax it to 303-318-9206. Unemployment Insurance Employer Services makes seasonal determinations in accordance with the Colorado Employment Security Act 8-73-106 and the Regulations Concerning Employment Security Part X.

Owner, Partners, or Corporate Name		Employer Account Number	
Trade Name		Business Telephone Number	
Street Address	City	State	ZIP Code
NOTE: Complete this section if your mailing address is different from above.			
In Care of Name			
Mailing Address	City	State	ZIP Code

### INSTRUCTIONS

In order to be considered a seasonal employer with seasonal occupations, seasonal status must be requested and granted **prior to the beginning** of a seasonal period.

If your entire business operation is seasonal, complete only Items **1** and **2** and sign on the reverse side.

If a functionally distinct occupation within your business is seasonal, complete Items **1** through **4** and sign on the reverse side. (A functionally distinct occupation is an occupation in which the assigned duties or activities, as a whole, are identifiably distinct under the usual and customary practice of the industry.)

1. List the calendar year for which you are requesting seasonal status \_\_\_\_\_
2. Does your entire business operate for less than 26 weeks (i.e., operating no more than 181 days, including Saturdays and Sundays) during the calendar year?

☐ Yes (List your business's opening and closing dates for the upcoming seasonal periods.)

If you have more than one seasonal period, please provide the opening and closing dates for each season.

Opening Date (mm/dd/yyyy) \_\_\_\_\_

Closing Date (mm/dd/yyyy) \_\_\_\_\_

Opening Date (mm/dd/yyyy) \_\_\_\_\_

Closing Date (mm/dd/yyyy) \_\_\_\_\_

☐ No (Complete Items **3** and **4** on the reverse side of this form.)

## FUNCTIONALLY DISTINCT OCCUPATIONS

Please answer the following three questions for each functionally distinct occupation. If you answer “Yes” to all three questions for any functionally distinct occupation, complete Item **3** for each specific occupation. If you answer “No” to any of the questions for any of the functionally distinct occupations, complete Item **4** for each specific occupation.

- A. Will there be seasonal periods amounting to less than 26 weeks in the calendar year during which you will employ the total seasonal work force in any of the listed occupations?

NOTE: *Less than 26 weeks* means “operating no more than 181 calendar days.”

- B. Will there be at least 45 consecutive days in which you will not employ workers in any of the listed occupations?
- C. Will no more than 25 percent of the workers in any of the listed occupations be employed at any time following the seasonal period?

NOTE: This figure is 25 percent of the total number of workers employed in the occupation during the seasonal period.

3. Complete the following information for each seasonal occupation to which “Yes” was the answer for all three questions above. If needed, this page can be photocopied or a spreadsheet with the same format may be submitted to list additional occupations. A typed spreadsheet is preferred.

- List the beginning and ending dates and the total number of workers for all seasonal periods in which the total seasonal work force in the occupation will be employed.
- List the beginning and ending dates and the total number of workers for the nonseasonal periods in which no more than 25 percent of the workers in the occupation will be employed.

Occupational Title (List occupational titles separately and be specific.)	Seasonal Periods			Nonseasonal Periods		
	Begin Date	End Date	Number of Workers	Begin Date	End Date	Number of Workers

4. List all other occupations in your business and describe the job duties or activities of the occupations not listed in Item **3**. If needed, this page can be photocopied or a spreadsheet with the same format may be submitted to list additional occupations. A typed spreadsheet is preferred.

Occupational Title	Job Duties or Activities	Occupational Title	Job Duties or Activities

I certify that the above information is true, correct, and complete to the best of my knowledge.

Signature	Date
-----------	------